

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

FLECTION DEPT. SOMERVILLE, MA

Please print or type all information, except signatures. 201 SEP - 6 P Plint in dates: Provided Reginning	monweum asanchusetts				o o cite K ∧ H	-LE. 1
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Subtatal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank(s) used SOMERY ILLE SCHOOL EMPLOYEES February line 8: Name of bank	with: On Town Clerk or Election Commission Please print or type a	all information,	except signatur	es.	2011 SEP - 6	P 12
Stinday preceding preliminary Stinday preceding election Stock of the present of the prese	<u> </u>					
Full Name of Candidate (if applicable) SCHOOL COMM REP - WARD 1 Office Sought and District Office Sought and District STREET Residential Address SOMERVILLE MA 02145 Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Signed balance (line 3 minus line 4) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used SOMERVILLE SCHOOL EMPLOYEES FEDERAL CREDIT UNION Iffidavis of Committee Treasurer: contrib that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all temperature (in ink) FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Lind Candidate: (check 1 box only) Candidate with Committee and so activity independent of the committee FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Line and the complete file requirements of signed under the penalties of perjury: Other Candidate: (check 1 box only) Candidate with Committee and so activity independent of the committee FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW) Line and the complete statement of all cannot with the requirements of MCLL c. SS. 1 ampsign finance activity, a full persons acting under the authority or no behalf of this committee in accordance with the requirements of MCLL c. SS. 1 ampsign finance activity, industry contributions, loans, receipts, expenditures, on my behalf during this reporting period. Of an interest of the complete statement of all cannot with the authority or on behalf of this committee in accordance with the requirements of MCLL c. SS. 1 ampsign finance activity, industry contributions, loans, receipts, expenditures, dishurements, in-kind contributions and complete statement of all	Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding el	lection 30	lay after electic	n □year-end rep	ort	
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	<u> 11 Jameen u sasianal</u>	<u> </u>	.e.	Date	-	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

number on each page. Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more			
1-1-11 8-27-11	MAUREEN BASTARDI 14 VIRGINIA STSOM. MA OZIYS	380		LOAN			
			-				
·. ·							
·			·				
	otal receipts in excess of \$50 (or listed above)						
	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD	\$	_	Enter on page 1, line 2			

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
1-1- 8-27-	AT ÈT	PG.BOX 536216 ATLANTA GA30353	1/2 CELL PHONE	380 -		
				S .		
				- 1		
.,						
:						
			xpenditures \$50 and under*			
Fi.	nter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES			

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

together from the committee's records and included in line 16.

Date Received	From	Whom	Recei	ved*	Residen	tial Address		scription ontributio		Vali	ue
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·						-					
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<u> </u>											
				,						,	
	· · ·										
-						·					
_ 				·		Line 15:	In-kind c	ver \$50			
						Line 16:	In-kind \$	50 and un	der		
-	Enter or	page 1	, line 6			Line 17	Total In	-kind		Ø	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1-1-10 12-31-10	MAUREEN BASTARDI	Sam. MA- 02145	CARNER CARNER	137.99
3-1-11	MAUREENBASTARDI	14 VIRGINIAST. SOM. MA 02145	1/2 CELL PHONE (AT & T)	380.00
			1	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1117.99

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4